



**12. Type of training(s) offered.** Attach a list of all courses being offered, or that will be offered, by the organization. If it is determined that your organization will need to be licensed by DPL, then these forms will be transferred to the licensure specialist who will handle the licensing process, which will help to streamline the application process. For each course or program, please attach:

- a. a course list and syllabi, or other detailed descriptions of each type of training;
- b. the number of hours for each course or program;
- c. the tuition charged;
- d. any other costs, such as books or fees;
- e. location of the training; and,
- f. whether completion of the program results in a certificate.

**13. Check all that apply to your organization:**

- The organization is a school, college or other educational institution chartered and authorized by Massachusetts to grant degrees (please provide documentation of such authorization).
  - The programs or courses provided by the organization are for the education and training of the organization's own employees with no fee or tuition being charged to the employees.
  - This organization is exclusively engaged in training persons with disabilities.
  - The organization offers occupational training that is funded completely by state or federal grants or awards such that there is no out-of-pocket cost paid by any student, and the funding is not conditioned upon licensure.
  - The organization is a religious institution and its programs or courses are for the purpose of providing religious instruction.
  - The organization offers courses or programs in professional development only, meaning the training is only open to professionals already credentialed in their occupational field.
  - The organization is already licensed, or its programs and courses are already approved or overseen by another state or federal agency. Please provide the name of the state or federal agency and include any supporting documentation (e.g., approval letters) with this form: \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Signature (must be signed by the owner, director,  
or authorized agent)

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

The completed form may be submitted in person, via email (preferred), mail, or facsimile to the following DPL staff member:

Mary Jayne Fay  
Office of Private Occupational School Education  
Division of Professional Licensure  
1000 Washington Street, Suite 710  
Boston, MA 02118  
Email: [maryjayne.fay@state.ma.us](mailto:maryjayne.fay@state.ma.us)  
Phone: (617) 727-5812  
Fax: (617) 727-9932